

MAY 14 2018
CANDIDACY NUMBER HBFL7136

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

LEGISLATIVE RESOURCE CENTER Page 1 of 9

18 MAY 17 AM 11:44

Name: Matthew W. Haggman Spouse Daytime Telephone: _____

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives
Candidates - Date of Election: August 28, 2018 (Primary)
District: 27th
State: Florida
☐ New Officer or Employee
Employing Office: _____
Staff Filer Type (if Applicable):
☐ Shared ☐ Principal Assistant

☐ Check if Amendment
Period Covered: January 1, 2017 to April 15, 2018
(30 days before filing)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CANDIDACY NUMBER H8FL7134

Page 2 of 9

The financial disclosure statement was not subject to audit, review, or compilation engagement by a CPA, accordingly, a CPA does not express an opinion, a conclusion or provide any assurance on them.

Page 3 of 9Northwestern Mutual = "NM"

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CANDIDACY NUMBER H8FL7136

Page 4 of 9

Common Wealth Brokerage = "CW"

****Note:** During September 2017, funds from the above disclosed retirement plan assets at Fidelity, Vanguard and Northwestern Mutual(SEP IRA, IRAs and 403(b) for both candidate and spouse were transferred to a new brokerage investment company through Common Wealth Financial Network managed by Lighthouse Wealth Strategies, Inc.

Use additional sheets if more space is required.

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CANDIDACY NUMBER H8FL7136

Page 5 of 9

Common Wealth Brokerage = "CW"

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CANDIDACY NUMBER H8FL7136

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Matthew W. Haggman

Page 6 of 9

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SP, DC, JT	ASSET NAME	None	A	B	C	D	E	F	G	H	I	J	K	L	M	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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Page 7 of 9

Source (include date of receipt for honoraria)

Use additional sheets if more space is required.

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CANDIDACY NUMBER HBFL1136

SCHEDULE D - LIABILITIES

Name: Matthew W. Haggman

Page 8 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	Vermont Student Assistance Corporation	7/97	Law School Student Loan 1		X									
	Vermont Student Assistance Corporation	7/97	Law School Student Loan 2	X										

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Vice Chairman (Spouse)	Danet Linares, P.A. associated with Blanca Commercial Real Estate, Inc.
Program Director	John S. and James L. Knight Foundation, Inc. (resigned effective - July 21, 2017)

SCHEDULE F - AGREEMENTS

CANDIDACY NUMBER HBFL 7136

Name: Matthew W. Haggman

Page 9 of 9

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or contributing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
-N/A-		

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
-N/A-		

Use additional sheets if more space is required.

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